



Incident Report

Print Date/Time: 09/07/2016 10:43
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00017366

Incident Date/Time: 9/2/2016 10:58:42 AM
Location: SR 204 / 81ST AVE SE
LAKE STEVENS WA 98258
Phone Number: (425) 953-8350
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

| Unit | Personnel |
|------|--------------|
| 19D2 | SS0136-Shein |
| 19D3 | SS0138-Fiske |

Person(s)

| No. | Role | Name | Address | Phone | Race | Sex | DOB |
|-----|-----------------|---------------|---------|----------------|------|-----|-----|
| 1 | Reporting Party | MIAN, THERESA | | (425) 953-8350 | | | |

Vehicle(s)

| Role | Type | Year | Make | Model | Color | License | State |
|------|------|------|------|-------|-------|---------|-------|
|------|------|------|------|-------|-------|---------|-------|

Disposition(s)

| Disposition | Count |
|-------------|-------|
| M | 1 |

Property

| Date | Code | Type | Make | Model | Description | Tag No. | Item No. |
|------|------|------|------|-------|-------------|---------|----------|
|------|------|------|------|-------|-------------|---------|----------|

09/02/2016 : 11:06:08 SP0297 Narrative: 1 FEM NECK PAIN CABN

09/02/2016 : 11:02:03 SP0308 Narrative: WB SR 204

09/02/2016 : 11:01:16 SP0308 Narrative: CC, GRY IMPALA VS BLK HUNDAYI, REQ AID EVAL, SHAKEN UP, UNK EXTENT
ON INJS

COLLISION REPORTS

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E580984**

| | | | | | |
|-------------|-------------------------------------|-------------|--------------------------|--------------------|--------------------------|
| INTERSTATE | <input type="checkbox"/> | CITY STREET | <input type="checkbox"/> | FIRE RESULTED | <input type="checkbox"/> |
| STATE ROUTE | <input checked="" type="checkbox"/> | OTHER | <input type="checkbox"/> | STOLEN VEHICLE | <input type="checkbox"/> |
| COUNTY RD | <input type="checkbox"/> | PRIVATE WAY | <input type="checkbox"/> | HIT & RUN INVOLVED | <input type="checkbox"/> |

TRIBAL
RESERVATIONCASE # **2016-00017366**LOCAL AGENCY
CODING **0311900**TOTAL # OF
UNITS **02**OBJECT
STRUCK

| | | | | | | | | | | | | | | | |
|-------------------|-----------|-----------|-------------|-------------|-----------|---|---|-------------|----------|-------|----------|----------|-------------|----|--------|
| M | M | D | D | Y | Y | Y | Y | TIME (2400) | COUNTY # | MILES | N | E | IN | OF | CITY # |
| DATE OF COLLISION | 09 | 02 | 2016 | 1101 | 31 | | | | | | S | W | 0664 | | |

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐**STATE ROUTE 204**BLOCK NO. ☒

MILE POST

| | | | | | |
|----------|--|-------|----------------------------|----------------------------|--------------------------------|
| DISTANCE | | MILES | <input type="checkbox"/> N | <input type="checkbox"/> E | OF (REFERENCE OR CROSS STREET) |
| | | FEET | <input type="checkbox"/> S | <input type="checkbox"/> W | 81ST AVE NE |

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4253870120

LAST NAME

RIVERS

FIRST NAME

CARAMIDDLE
INITIAL**S**STREET
NEW ADDRESS**9810 STATE AVE UNIT 8**

CITY

MARYSVILLE

ST

WA

ZIP

982702268

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**RIVERCS417CE**

STATE

WA

SEX

FD.O.B.
MMDDYYYY**02****05****1959**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USE **2**INJURY
CLASS **1**

NATURE OF INJURIES

LICENSE
PLATE #**AXP8444**

STATE

WA

VIN#

KMHCF35G52U199296TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2002

MAKE

HYUN

MODEL

ACCENT

STYLE

CPVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

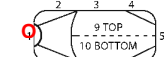
GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **CARA RIVERS 9810 STATE AVE UNIT 8 MARYSVILLE WA 982702268**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **PROGRESSIVE 75953893-8**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4259538350

LAST NAME

MORAN

FIRST NAME

THERESAMIDDLE
INITIAL**L**STREET
NEW ADDRESS**514 AMERICAS WAY PMB 7378**

CITY

BOX ELDER

ST

SD

ZIP

577197600

CDL

1

RESTRICTIONS

B

ENDORSEMENTS

DRIVER'S
LICENSE #**01539678**

STATE

SD

SEX

FD.O.B.
MMDDYYYY**07****28****1956**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USE **2**INJURY
CLASS **7**NATURE OF INJURIES
SORENESSLICENSE
PLATE #**APW2846**

STATE

WA

VIN#

2G1WF52E159315085TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2005

MAKE

CHEV

MODEL

IMP4D

STYLE

4DVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

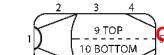
GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **RICHARD MORAN PO BOX 397 ARLINGTON WA 98223**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **GEICO 4430073322**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

B. FISKE #0138

BADGE OR ID #

0138

AGENCY

WA0311900

PART A 3000-345-159 R (7/06)

PAGE 01 OF 3


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E580984**CASE # **2016-00017366**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | | | | | | |
|-----------------------------------------------------------|-------------------------------------|-------------------|--------------------------|--------|----------|-----------|----------|--------|----------|-----------------|---------------------------------|-------|-----------|------------|-------------|--------------|----------|---------------------------------------|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | ROHR ROWAN | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # PO BOX 397 ARLINGTON WA 98223 | | | | | | | | | | SEX F | D.O.B. MMDDYYYY 11 | - | 07 | - | 2007 | | | |
| PASSENGER | <input checked="" type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | 2 | SEAT POS. | 7 | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | 2 | INJURY CLASS | 7 | NATURE OF INJURIES SORENESS |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | - | | - | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | - | | - | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES |

NARRATIVE

V1 was traveling WB SR204 approaching 81st Ave NE. V2 was traveling WB in front of V1. V2 started slowing for traffic and was struck in the rear by V1. Driver of V1 said she thought she was going to be able to stop but the road was wet. Driver of V1 had soreness and drove herself to the hospital. She also took her juvenile passenger for an evaluation as well.

Both vehicles were able to be driven from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

B. FISKE #0138
09-04-16 06:47 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

9/4/2016 10:57:28 PM

BADGE OR ID #

0138

ORI #

WA0311900

TIME POLICE DISPATCHED

11:01 AM

TIME POLICE ARRIVED

11:04 AM

REPORT NO. E580984

CASE # 2016-00017366

DATE AND TIME
OF COLLISION 09/02/16 11:01

